

SECONDARY EDUCATION COMMITTEE OF THE COUNTY OF STIRLING.

Medical Inspection Staff.

School Medical Officer.

THOMAS ADAM, M.A., M.D., D.P.H.

School Medical Inspectors.

A. JOSEPHINE GARDNER, M.B., Ch.B., D.P.H.

JOHN S. FINDLAY, M.B., C.M., D.P.H.

JOHN T. PRANGNELL, M.D., D.P.H. (Part Time).

School Nurses.

HELEN D. GIBSON.

ADRA S. MACKENZIE.

Clerks.

D. K. CUNNINGHAM.

BARBARA H. SMITH.

Oculists (Part Time).

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Dentists (Part Time).

ROBERT GALLOWAY, L.D.S., R.C.S., NATIONAL BANK
BUILDINGS, FALKIRK.

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FALKIRK.

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NOTE.

ON September of 1915 Dr. Findlay accepted a commission in the R.A.M.C. That entailed an alteration in the scheme of the work, which is fully explained in my letter to Mr Robb, reproduced on page 5. On account of this alteration the figures are not quite comparable with those of preceding years.

The form of my Report is on the same plan as last year, when, it will be remembered, it was slightly altered to meet the requirements of the Education Department's Circular, No. 460.

THOMAS ADAM.

COUNTY OF STIRLING.

SECONDARY EDUCATION COMMITTEE.

SIXTH ANNUAL REPORT ON MEDICAL INSPECTION OF SCHOOL CHILDREN, 1915-16.

COUNTY BUILDINGS,
STIRLING, December, 1916.

THIS REPORT ON SCHOOL MEDICAL INSPECTION IN STIRLINGSHIRE deals with the period from 1st August, 1915, to 31st July, 1916.

At the beginning of last year's Report I mentioned that Dr. Findlay, one of the School Medical Inspectors, had volunteered for military service, and had been granted a commission in the R.A.M.C. Under the circumstances it was considered advisable not to appoint a substitute for Dr. Findlay, and a re-arrangement of the work was necessary. On the 7th September, 1915, I accordingly wrote to Mr. Robb, Clerk to the County Secondary Education Committee, as follows:—

DEAR SIR,

Medical Inspection of School Children.

As Dr. Findlay has been accepted for military service for the period of the war, there are now two courses open to the County Secondary Education Committee, as I pointed out at the last meeting of the School Medical Inspection Sub-Committee, either (1) to engage a female school medical inspector during Dr. Findlay's absence, or (2) so to curtail the work as to enable it to be continued by Dr. Gardner in a modified form in both Dr. Findlay's area and her own.

There is something to be said in favour of the former alternative, but I think the general feeling of the members of the Sub-Committee was against any appointment in the meantime.

That of course throws us back on the second alterna-

tive, and it would seem now to be with me to submit for the Committee's consideration the outlines of a modified scheme, which would of course be thereafter referred to the Education Department for approval.

It will be remembered that the present plan of school medical inspection provides for at least two routine visits per annum by the School Medical Inspectors, in addition to non-routine visits wherever and whenever necessary; also that the scope of the work embraces four routine age-groups, viz., ages five, seven, ten, and thirteen years, besides many others out-with these age-groups, and therefore termed non-routine cases. The School Medical Inspectors are also expected to supervise the general hygienic condition of the schools.

If it be decided that Dr. Gardner, for the period of the war, is to undertake the work of the schools in Dr. Findlay's area as well as in her present area, I would suggest that for the united area the routine inspection of the five and thirteen age-groups be continued, that of the seven and ten age-groups being discontinued for the time being, with the important exception of the eye tests. It is very essential that defects of vision be detected and remedied at the earliest possible age, and the eye-tests of the seven and ten age-groups would occupy a relatively short time. Non-routine examinations and the supervision of the hygienic condition of the schools in the united area would continue as before.

It will be understood that if Dr. Gardner's area is doubled she would only be able to pay half the routine visits formerly paid to each school.

The whole of the foregoing applies entirely to the schools under the care of Dr. Findlay and of Dr. Gardner. The Committee will remember that Dr. Prangnell inspects the children in the schools of the Falkirk Burgh Board, and that his engagement is half-time. I would suggest that in the case of the Falkirk Burgh Schools the present plan of School Medical Inspection be not disturbed.

There is another point for consideration, and that is how best the schools in the united area may be reached from one centre. In a former report I showed that for the Western District Schools Glasgow, by reason of its fine service of trains, was the best centre for the School Medical Inspector's residence, and that for the other schools Stirling formed quite a convenient centre of residence.

Dr. Gardner has, of course, been stationed in Stirling, but in view of the great difficulty she would

experience in reaching at a reasonable hour in the morning many of the schools in the Western District, it appears to me that for the combined area Glasgow would be the most suitable centre.

The Committee might ask Dr. Gardner to reside in Glasgow. On the other hand, if she is allowed to remain in Stirling, an overnight allowance might be made, so as to enable her, where advisable, to stay near her work, thereby effecting a saving in travelling expenses, and also avoiding much waste of valuable time in travelling.

You will, I suppose, take an early opportunity of bringing the foregoing before the School Medical Inspection Sub-Committee.

Yours faithfully,

(Signed) T. ADAM.

After consideration of the foregoing letter, the Committee decided to adopt the modified scheme of work suggested, and that, in due course, received the approval of the Education Department. It was further resolved that Dr. Gardner be allowed to continue her residence in Stirling, and to allow her reasonable over-night expenses where necessary.

The actual work of inspection was carried out by the Medical Inspectors, Dr. A. Josephine Gardner and Dr. John T. Prangnell, the first-named being a whole-time Inspector, while Dr. Prangnell is engaged only part-time. The schools under Dr. Prangnell's care were the same as detailed in the Annual Report for the year 1913-14 at pages 5 and 6, and Dr. Gardner, in addition to her own schools, undertook the supervision of Dr. Findlay's also.

The following is a list of the staff employed during the year:—

SCHOOL MEDICAL OFFICER—Thomas Adam, M.A., M.D., D.P.H.

SCHOOL MEDICAL INSPECTORS—A. Josephine Gardner, M.B., Ch.B., D.P.H.; John T. Prangnell, M.D., D.P.H.

SCHOOL NURSES—Helen D. Gibson, Adra S. Mackenzie.

CLERKS—D. K. Cunningham, Barbara H. Smith.

OCULISTS (part time)—John Gilchrist, M.D., John B. Stewart, M.B., Ch.B.

DENTISTS (part time)—Robert Galloway, L.D.S., R.C.S.; J. Lindsay Brown, L.D.S., R.C.S.

The schools in the County which come under the scheme of Medical Inspection number 92, and the number of children on register is 30,891, and in average attendance is 27,635, for the whole area.

The number of visits to schools for systematic examination in accordance with the scheme of inspection was as follows :—

Dr. Gardner,	...	...	...	348
Dr. Prangnell,	...	...	...	153
Total,	...	...	...	501

The number of special visits paid to schools for purposes other than those of systematic inspection was :—

Dr. Gardner,	...	...	...	59
Dr. Prangnell,	...	...	...	25
Total,	...	...	...	84

In addition to these visits Dr. Gardner spent a week in visiting at their homes physically and mentally defective children in Stirling Burgh.

DIARY SHEETS.—From the Diary Sheets the following table has been compiled to show at a glance the extent of the work done by the School Medical Inspectors in their areas.

SUMMARY OF DIARY SHEET.

INSPECTOR.	Routine Examination.	Non-Routine Examination.	Time occupied.	
			Hours.	Mins.
Dr. A. J. Gardner, ...	8208	621	782	30
Dr. J. T. Prangnell, ...	2867	240	358	30
Total for County, ...	11,075	861	1141	

Average number of children examined per hour—10.

Average time taken to examination of each child—6 minutes.

It will be noted that the average number of children examined per hour was 10, and that the average time taken to the examination of each child was 6 minutes. In former years the corresponding figures were approximately 8 and 7, respectively. The figures given in the present Report do not

mean that less care has been given in the examination of the scholars, the alteration being entirely due to the modified scheme of examination in the joint areas of Dr. Findlay and Dr. Gardner. It will be remembered that while arrangements were made for a full examination of the children of age-groups 5 and 13, only the eyesight of the children of age-groups 7 and 10 had to be tested. The result of this curtailment in the case of these two latter age-groups was that a larger average number of children could be examined per hour.

Throughout the year Nurse Mackenzie accompanied Dr. Gardner to many of the schools as the other work permitted. She was able to render valuable assistance, and thus Dr. Gardner's work was considerably lightened.

The sanitary condition of the schools was dealt with in the first report on School Medical Inspection for the County, and since then considerable improvements have been effected and mentioned in the succeeding reports. In February of 1916 my attention was drawn to the lack of proper sanitary conveniences for the female staff of Baldernock Public School, and I brought the matter at the time to the attention of the School Board.

At Larbert Central School the existing lavatory and cloak-room have received the attention of the Larbert School Board with a view to improvement.

Dr. Prangnell reports that Room No. 19 in the Infant Department of Camelon School is insufficiently heated in cold weather.

The system of School Medical Inspection has been fully dealt with in former Annual Reports.

As before, much of the School Nurses' time was occupied in work connected with the Joint Medical Treatment Committee in Falkirk and Larbert area.

At page 7 of the last Annual Report it is shown how the work of the Sanitary staff and of the School Medical Inspection staff proper are correlated, especially in the matter of dealing with infectious disease occurring in connection with the schools.

Throughout the year the following schools were closed to prevent the spread of infectious disease :—

Infant Department and Classes Junior II. and III., Denny Public School; Lower Infant Class, St. Patrick's R.C. School, Denny; Infant Department, Cambusbarron School; Wallacestone Public School; Classes V. and VI., Infant Department, Larbert Central School; Classes I., II., III., IV., and V. Infant Department, and Class III. Junior Department, Larbert Village School; Lowest Junior Class, Carron School; Infant Department, Dunipace School; Infant Class V. (5), Bannockburn Public School; Cambuskenneth Public School; Fintry Public School.

In connection with children who were excluded from school attendance on account of their suffering from, or having been in contact with, infectious disease, I granted certificates for the following :—

56	children absent from	Bridge of Allan School.
267	“ “	Denny Public School.
52	“ “	St. Patrick's R.C. School, Denny.
3	“ “	Longriggend School.
18	“ “	Redding Village School.
132	“ “	Larbert Village School.
251	“ “	Laurieston Public School.
246	“ “	Larbert Central School.
15	“ “	Kippen Public School.
94	“ “	Cowie Public School.
55	“ “	East Plean School.
18	“ “	Arnprior School.
66	“ “	Cambusbarron School.
72	“ “	Fallin School.
21	“ “	Longcroft School.
26	“ “	Dennyloanhead School.
23	“ “	Causewayhead School.
29	“ “	Redding Public School.
41	“ “	Slamannan Public School.

As I have before pointed out, the above procedure enables the School Board in each case to recover grant, which would otherwise have been lost owing to the non-attendance of these children.

In Falkirk Burgh, under the Public Health Act. 170 notices, excluding 510 patients and contacts in the case of compulsorily notifiable diseases, were sent to headmasters. With regard to measles, notices were sent, excluding 326 patients and contacts, but no schools or departments were closed.

Before the routine inspections the parents, as before, were cordially invited to attend; 682 parents, representing 8.4 per cent., attended. That figure represents a slight increase in the proportion of parents attending these examinations. As

in previous years, parents attending the medical inspections are chiefly at the entrants' examinations. Parents attend then because they are afraid the young child may be nervous.

TABLE I.

Total number of children examined :—

Entrants,	5 year old boys,	1870
"	5 " girls,	1826
Intermediates,	7 " boys,	394
"	7 " girls,	363
"	10 " boys,	388
"	10 " girls,	349
Leavers,	13 " boys,	1453
"	13 " girls,	1430
		<hr/>
		8073

Children examined for vision only :—

7 year old boys,	821
7 " girls,	737
10 " boys,	730
10 " girls,	679

Total,	11,090
Special Cases, number examined,...	861

Total number of children examined, 11,951

The preceding table shows that in all the age-groups 11,090 children came under routine inspection, and that 861 special cases were also dealt with, giving a total of 11,951 children examined. That represents a reduction of almost 2000 examinations, due, of course, to the altered circumstances,

CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DEFECTS.

Number of Children Examined.				Number of Notices sent.	
Routine Inspection,	...	8073	} 11,090	462 = 5.7%	} 6.3%
		3017		241 = 8.0%	
Examined for Defects of Special Cases,...	...	861		162	
Total,	...	...	11,951	865	

Out of 11,090 children examined in routine inspections, in 703 cases notices were sent to the parents of some defect in the children, representing a percentage of 6.3; of the 861 special cases, notices were sent with regard to 162.

AMELIORATION OF DEFECTS.—The following tables detail the cases of amelioration in the areas of the two Inspectors :—

AMELIORATION TABLE (EXCLUDING DEFECTIVE VISION).

DISTRICT.	TONSILS.		ADENOIDS.		HEART.		EAR.		VARIOUS.		Number of Children reported to Nurses.	Number of Defects reported to Nurses.	Number of Visits paid by Nurses.
	Treated.	Promised to get treatment.	Treated.	Promised to get treatment.	Treated.		Treated.	Promised to get treatment.	Treated.	Nothing done.			
Airth, ...	2	...	...	...	1	...	1	...	3	1	7	8	16
Baldernock	...	...	...	...	...	...	...	...	...	...	...	...	...
Balfroun, ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Buchanan, ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Campsie, ...	1	2	4	1	3	...	5	2	15	3	29	36	56
Denny, ...	16	10	3	...	3	...	8	...	49	3	81	92	156
Drymen, ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dunipace, ...	...	...	...	...	1	...	...	...	2	...	2	3	4
Falkirk (Burgh), ...	15	9	19	12	3	...	48	1	88	39	244	365	492
Falkirk (Landward), ...	9	16	3	11	2	...	6	2	28	7	64	84	100
Fintry, ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gargunnoch, ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Grangemouth, ...	10	23	5	10	6	...	2	1	31	9	87	97	103
Killearn, ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kilsyth, ...	5	7	5	5	6	...	15	1	73	23	102	140	192
Kippen, ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Larbert, ...	3	3	2	...	...	...	...	...	29	...	33	39	85
Logic, ...	...	3	...	1	...	...	3	1	7	2	15	17	21
Muiravonside, ...	...	1	...	1	4	...	3	...	10	3	19	22	35
St. Ninians, ...	6	1	...	6	4	...	5	1	30	14	49	67	76
Slamannan, ...	2	11	1	7	2	...	2	1	2	12	27	40	31
Stirling, ...	6	1	6	2	2	...	7	...	80	10	128	117	353
Strathblane, ...	...	...	...	...	...	...	...	...	2	...	2	2	4
TOTAL, ...	75	87	48	56	37	107	10	126	449	...	880	1120	1724

AMELIORATION TABLE—DEFECTIVE VISION.

Distriet	No. of Children notified by the School Medical Inspectors as requiring immediate attention to their eyes	No. waiting visit of Oculist	No. of Children whose parents refused treatment for their children's eyes or who had left the district	No. of Children treated by their own Oculists	No. of Children for whom glasses were prescribed	No. of Children otherwise treated.
Airth, ...	4	4	...	...	...	...
Baldernock, ...	...	...	...	...	...	...
Balfroun, ...	5	1	...	...	4	...
Buchanan, ...	3	...	...	...	2	1
Campsie, ...	46	...	10	3	24	9
Denny, ...	30	28	...	...	2	...
Drymen, ...	3	...	...	...	...	3
Dunipace, ...	3	3	...	...	...	...
Falkirk (Burgh), ...	95	68	...	...	27	...
Falkirk (Landward), ...	33	33	...	...	...	...
Fintry, ...	2	...	2	...	...	...
Gargunnoch, ...	...	...	...	...	...	...
Glengemouth, ...	67	67	...	...	...	...
Killearn, ...	5	...	...	...	2	3
Kilsyth, ...	66	66	...	...	...	...
Kippen, ...	7	...	1	...	4	2
Larbert, ...	53	7	18	...	28	...
Logie, ...	7	...	...	1	6	...
Muiravonside, ...	9	8	1	...	...	...
St. Ninians, ...	84	...	10	1	68	5
Slamannan, ...	1	1	...	...	...	...
Stirling, ...	112	...	24	...	88	...
Strathblane, ...	...	...	...	...	...	...
TOTAL, ...	635	286	66	5	255	23

AMELIORATION TABLE—VERMINOUS CHILDREN.

District.	No. of Children.	No. of Nurses' Visits.	No. Cleansed.	No. Improved.	Reported to Board.	
					Children.	Families.
Airth, ...	...	...	...	...	...	...
Baldernock, ...	...	...	...	...	...	...
Balfroun, ...	12	24	7	5	...	...
Buchanan, ...	...	...	...	...	...	...
Campsie, ...	22	61	11	11	...	...
Denny, ...	54	122	14	40	9	2
Drymen, ...	...	...	...	...	...	...
Dunipace, ...	4	4	4	...	...	...
Falkirk (Burgh), ...	...	...	...	...	...	...
Falkirk (Landward), ...	43	139	32	11	...	...
Fintry, ...	...	...	...	...	...	...
Gargunnoch, ...	...	...	...	...	...	...
Grangemouth, ...	66	108	39	27	...	...
Killearn, ...	...	...	...	...	...	...
Kilsyth, ...	110	342	15	95	...	...
Kippen, ...	2	4	2	...	...	...
Larbert, ...	39	122	34	5	...	...
Logie, ...	3	6	3	...	...	...
Muiravonside, ...	9	25	5	4	3	1
St. Ninians, ...	51	103	44	7	...	...
Stamannan, ...	11	34	6	5	...	...
Stirling, ...	62	227	37	25	4	1
Strathblane, ...	8	16	8	...	...	...
Total, ...	496	1337	261	235	10	4

During this year Dr. Gilchrist has had to give more and more time to the services of the military, so that he has found increasing difficulty in getting off from his military duties to attend to the children with defective vision in the County. However, in June of this year, he managed sufficient visits to Stirling to overtake the whole of the work in connection with Stirling Burgh School Board, St. Ninians Parish School Board, and Logie Parish School Board. He was also able to give a day to the examination of children requiring his attention from the combined School Boards in the Western District of the County. The work in Campsie Parish was overtaken on October, 1915. Dr. Gilchrist was only able to pay one visit to the Falkirk and Larbert district, so that at the end of the year a large list of children was still waiting.

In connection with the above, it may be said that Dr. Gilchrist, since the end of the session, has been able to pay several visits to the Falkirk and Larbert area, and thus the waiting list is now considerably reduced.

Dr. Gardner reports that although from year to year many children are supplied with glasses, there is great difficulty with a few in getting them to wear their glasses.

The case of a particular school was specially brought to my notice, and improvement in this respect was effected. The School Medical Inspectors, the nurses, and also the teachers use their influence in the way of getting the children to wear the glasses, knowing as they do what a serious matter it is for the visual defects to be left uncorrected. Great as is the influence of the School Medical Inspectors and of the nurses, that of the teachers is still more important, as they are seeing the children daily.

One child from Stirling Burgh was sent to a school for the blind last year, and the mother was very pleased to show to Dr. Gardner a letter which she had received from the head of the school saying that the child was making great progress in every way.

A certain child from St. Ninians Parish had not only extremely defective vision, but was very deaf, so that he could not be educated in an ordinary school, and was received into a school for the blind in Glasgow, at which his mother expressed great pleasure, as she was anxious that he should be educated as far as possible.

In Balfron Parish Dr. Stewart is the oculist appointed. During the session 5 children were reported with defective vision and requiring the oculist's attention; of these, 4 had glasses prescribed, while the other child was ill at the time of the examination.

In the schools under the Kilsyth Parish School Board 68 children were reported as requiring to have their eyes thoroughly examined. Owing chiefly to military exigencies Dr. Stewart could not tackle the work during the session, but since then I am able to report that he has brought it up to date.

Such delay, however, although unavoidable at present, is extremely regrettable, because of the children to be examined it is found that a good many leave the district and others leave school before it is convenient for the oculist to undertake the work.

From the Amelioration Tables it will be seen that a very large number of children is found requiring attention and treatment. Many parents only require to be notified of a defect and at once attention is given to the matter. In a certain number of cases, however, it is necessary to get the nurses to visit the homes in order to explain matters to the parents. The influence of the teachers also is all in the direction of having defects remedied. Towards the end of the year there has always been a small residue remaining untreated. The names of such cases are sent to the Boards concerned, who are thus able to use their influence with the parents. The Boards thus, in a way, take upon themselves the function of after-care committees.

CLOTHING.

No. of Children examined.				No. having insufficient clothing.	No. having ragged clothing.	No. having dirty clothing.
Boys,	...	...	4105	37	66	60
Girls,	..	...	3968	11	26	29
Total Routine,	...	...	8073	48	92	89
Percentage,	...	...	...	59	1'14	1'1
Special Cases,	...	...	...	3	13	18

Of the boys examined in routine examinations, 37 were found to have insufficient clothing, 66 ragged clothing, and 60 dirty clothing. The figure with reference to the girls represents a much better state of matters. The percentage this year shows a slight reduction on former years. It is to be pointed out that a child having insufficient clothing may also be included in the group having ragged clothing, and also in that having dirty clothing, so that the three groups are not mutually exclusive. It may be taken, therefore, that the conditions as to clothing are even better than the figures would appear to indicate.

FOOTGEAR.

No. Examined.				No. with unsatisfactory footgear.	
Boys, ... ..	...	...	4105	50	
Girls, .. ...	...	...	3968	20	
Total Routine, ... ..	...	...	8073	70 =	·86%
Special Cases, ... ..	...	...	...	4	

In routine examinations, 50 boys and 20 girls were found to have unsatisfactory footgear. The percentage, however, shows a reduction this year compared with last.

AVERAGE HEIGHTS AND WEIGHTS.

Heights in Inches.

Average Ages. ... ..	...	...	51 $\frac{4}{2}$	71 $\frac{7}{2}$	101 $\frac{6}{2}$	131 $\frac{4}{2}$
Boys—Stirlingshire, ... ..	...	...	42·1	46·0	51·8	56·7
Boys—Standard, ... ..	...	...	41·0	46·0	51·8	56·9
Average Ages, ... ..	...	...	51 $\frac{8}{2}$	71 $\frac{6}{2}$	101 $\frac{9}{2}$	131 $\frac{4}{2}$
Girls—Stirlingshire, ... ..	...	...	41·8	45·5	51·5	57·7
Girls—Standard, ... ..	...	...	40·8	44·5	51·1	57·8
Weights in Pounds (Avoirdupois).						
Average Ages, ... ..	...	...	51 $\frac{8}{2}$	71 $\frac{7}{2}$	101 $\frac{6}{2}$	131 $\frac{4}{2}$
Boys—Stirlingshire, ... ..	...	...	41·5	49·0	63·5	81·6
Boys—Standard, ... ..	...	...	39·9	49·7	67·5	82·6
Average Ages, ... ..	...	...	51 $\frac{4}{2}$	71 $\frac{6}{2}$	101 $\frac{9}{2}$	131 $\frac{4}{2}$
Girls—Stirlingshire, ... ..	...	...	40·3	46·3	60·9	84·3
Girls—Standard, ... ..	...	...	39·6	46·7	62·0	87·0

It is wonderful from year to year how steady the average height and weight of the children in Stirlingshire remains. Also the records for the County continue to approximate very closely to the standard height and weight for the various age-groups. Last year it was remarked, however, that the weight of the Stirlingshire boys at age-group 10, and of the girls at age-group 13, was considerably below the standard. A perusal of the table for this year shows the same deficiency.

CLEANLINESS OF HEAD AND BODY.

No. Examined.	Head.			Body.	
	Dirty	Nits	Vermin	Dirty	Vermin
Boys, 4105	12	36	5	22	79
Girls, 3968	9	1340	23	21	74
Total Routine, 8073	21	1376	28	43	153
Percentages, ... ..	.26	17.0	.34	.53	1.9
Special Cases,	1	21	16	10	41

With regard to cleanliness of head and body, the improvement which has been noted in former years still continues, and the inspectors and nurses have now much less trouble from this very undesirable source. The girls' heads, as one might expect, are much more liable to have nits and vermin, the long hair affording a ready shelter to vermin.

CONDITION OF SKIN.

No. Examined.	Head.			Body.			
	Ringworm.	Impetigo.	Others.	Ringworm.	Impetigo.	Scabies.	Others.
Boys, ... 4105	11	4	18	2	24	6	23
Girls, ... 3968	1	8	31	...	20	4	21
Total Routine, 8073	12	12	49	2	44	10	44
Percentages, ...	.14	.14	.60	.02	.54	.1	.54
Special Cases, ...	4	..	35	...	20	16	3

With regard to the condition of the skin, the principal affections are Ringworm, Impetigo, and Scabies. The results of the year are not much more favourable than they were last year. While there is a diminution of the affections of the head there would seem to be some increase in skin affections of the body. I would like to note specially that certain children reported as suffering from skin diseases are absent for unreasonably long periods. This was specially noticeable in the cases of those with Scabies and Impetigo.

NUTRITION

No. Examined.	Above Average.	Average.	Below Average.	Very Bad.
Boys, 4105	2152	1040	739	174
Girls, 3968	2086	917	728	237
Total Routine, 8073	4238	1957	1467	411
Percentages,	52.5	24.2	18.2	5.1
Special Cases, ... ..	...	...	1	3

The nutrition of the scholars, as before, was in most cases satisfactory. The figures this year for those whose nutrition was above average are considerably higher than last year, while those whose nutrition was recorded as being very bad are more numerous. The increase here, however, is due to one of the inspectors misinterpreting for a time the grouping advised by the Education Department.

From the poor-law returns one would expect that the children at present would be well nourished, and one of the inspectors reports that during the latter half of the school year he was impressed by the improved appearance generally of the children. That he attributed to better wages being earned by the parents and older members of the family. He found that in some cases there was undoubted extravagance in the purchase of food, for example, many disdained to use margarine, while cold cooked meats, which are as a rule costly, were in much demand.

TEETH.

No. Examined.	Sound.	1 to 4 decayed.	5 or more decayed.	Oral Sepsis.
Boys, 4105	838	2605	662	22
Girls, 3968	766	2565	637	16
Total Routine, 8073	1604	5170	1299	38
Percentages,	19.8	64.1	16.1	0.47
Special Cases, ... ..	...	...	1	...

The figures indicating the condition of the teeth are practically the same as those for last year. The percentage of children found with sound teeth was 19.8, of those with 1 to 4 decayed 64.1, and those with 5 or more decayed 16.1, and of those with oral sepsis 0.47. When one considers how much a person's health depends on having sound teeth it must be regretted that greater attention is not given to this subject. The only part of the County where dental treatment has been at all provided is that represented by the Falkirk and Larbert District Joint Medical Treatment Committee. The following interesting table shows at a glance the amount of work which has been overtaken there.

TABLE SHOWING WORK DONE BY DENTISTS UNDER THE FALKIRK AND LARBERT DISTRICT
JOINT MEDICAL TREATMENT COMMITTEE.

District.	No. of Children notified as requiring treatment.	No. of Children whose parents refused treatment.	No. of Children treated by their own dentist.	No. of Children who had teeth extracted.	No. of teeth extracted.	No. of Children who had teeth filled.	No. of teeth filled.	No. of Children who failed to appear at clinic.
Airth, ...	14	2	4	7	46	...	...	1
Denny, ...	54	16	5	23	125	...	...	10
Dunipace, ...	10	1	...	8	30	1	2	1
Falkirk (Burgh), ...	115	26	10	51	232	9	12	18
Falkirk (Landward), ...	42	20	1	7	49	...	...	13
Grangemouth, ...	41	10	4	19	73	6	8	8
Larbert, ...	52	14	2	25	124	10	16	6
Muiravonside, ...	14	1	1	10	53	3	3	...
TOTAL, ...	342	90	27	150	752	29	41	57

Average number of teeth extracted per child, 5.

Average number of teeth filled per child, 1.4.

Of course the above table does not represent anything like all the work that might have been done, but it is a very useful beginning.

In a former report it was stated that Stirling Burgh School Board, in combination with the School Board of St. Ninians Parish, had resolved to proceed with the provision of a dental clinic, and that a part-time dentist had been appointed to carry out the work.

Owing to the exigencies of the war, however, it was considered advisable to postpone dental treatment, but it seems that the two combining Boards have now purchased all the apparatus necessary for the work of such a clinic, and therefore owing to the urgency of the dental problem I would suggest that the Boards again consider whether a beginning with this very desirable work should be longer delayed.

If my suggestion were adopted, and dental treatment arranged for the Stirling Burgh and St. Ninians Parish Combination, that would mean that dental treatment had been provided for the great majority of the school children in Stirlingshire, as of course such work is in active operation in the schools of the Falkirk and Larbert District Joint Medical Treatment Committee.

As Dr. Prangnell well says, pure food is necessary for health, and decayed septic teeth with ulceration of the gums produces one of the worst forms of septic absorption and digestive troubles. Dental treatment might with advantage be extended.

NOSE AND THROAT.

No. Examined.	Nasal Catarrh.	Obstruction.	Tonsils.		* Adenoids.	
			Slightly enlarged.	Markedly enlarg'd	Probably Present.	Present.
Boys, 4105	123	19	501	63	25	28
Girls, 3968	432	11	508	47	9	11
Total Routine, ... 8073	555	30	1009	110	34	39
Percentages,	6.9	37	12.5	1.36	.4	.46
Special Cases,	1	7	...	...	...	...

The present figures represent a considerable reduction in the percentage of children with affections of the nose and throat, some of which is probably to be accounted for by groups 7 and 10 not being examined for such defect.

Dr. Prangnell is strongly of opinion that nose and throat

conditions sufficient to cause mouth breathing, although not sufficient to produce the typical facial expression so frequently associated with mouth breathing, are a prolific source of mental dullness, as chest expansion and hearing are often adversely affected. He is of opinion that remedial measures are not sufficiently often resorted to on the part of some medical men on account of the apathy and even antagonism of the parents to operative measures.

LYMPHATIC GLANDS.

No. Examined.	Submaxillary.				Cervical.		
	Palp'bly enlarged.	Marked-ly enlarg'd	Suppurating.	Cicatrices.	Palp'bly enlarged.	Marked-ly enlarg'd	Cicatrices.
Boys, 4105	322	30	1	34	137	3	8
Girls, 3968	324	52	1	34	160	4	8
Total Routine, 8073	646	82	2	68	297	7	16
Percentages, ...	8'0	1'0	'02	'8	3'6	'08	'19
Special Cases, ...	3	4	1	...	1	2	...

Here again a considerable reduction is to be observed in the percentage of children with enlarged lymphatic glands as compared with last year's results. The reduction in fact is here so marked as to raise the question as to whether it may not be partly due to improved home conditions.

EXTERNAL EYE DISEASE.

No. Examined.	Blepharitis	Con-junctivitis.	Corneal Opacity.	Strabismus	Other Diseases.
Boys, 5706	31	15	11	77	31
Girls, 5384	32	14	12	89	39
Total Routine, 11,090	63	29	23	166	70
Percentages, ...	'56	'26	'20	1'49	'63
Special Cases, ...	10	10	5	15	21

The frequency, with which external eye disease is found continues fairly constant from year to year. The percentages for the various diseases are not high, being 1.49 for strabismus (squint), which is the highest of all.

With regard to stabismus, or squint, Dr. Prangnell suggests that all children with that defect should be submitted to the oculist with a view to preventing loss of visual acuity, which is apt to be progressive in the squinting eye. The longer remedy is postponed the worse the chances.

VISUAL ACUITY.

No. Examined.				Good Vision.	Fair Vision.	Bad Vision.	One Eye Defective.
Boys,	...	...	3836	2598	885	242	111
Percentage,	...	...	...	67.7	23.1	6.3	2.9
Girls,	...	...	3558	2110	996	339	113
Percentage,	...	...	...	59.3	28.0	9.5	3.2
Total Routine,	...	...	7394	4708	1881	581	224
Percentage,	...	...	...	63.7	25.4	7.9	3.0
Special Cases,	...	...	...	...	13	124	31

As usual with the visual acuity, it is seen that the results in the case of the boys are more favourable than in the case of the girls. Here also the figures are fairly uniform from year to year. The probable causes for the difference in the eyesight of boys and girls I pointed out in last year's Annual Report at page 24.

The oculists' work in the various districts is detailed under the heading of Amelioration.

EARS.

No. Examined.				Otorrhoea.	Wax.	Other Diseases.
Boys,	...	...	4105	21	16	18
Girls,	...	...	3968	17	4	16
Total Routine,	...	...	8073	38	20	34
Percentages,	...	...	...	.47	.24	.4
Special Cases,	...	...	...	2	...	8

Of the above three headings, otorrhoea represents the condition by far the most serious, for often it is the relic of scarlet fever or one of the serious sequelae of measles. In many cases of the latter disease one feels that this serious condition could be absolutely guarded against if parents would only realise that measles is an extremely treacherous disease.

HEARING.

No. Examined.				Good.	Slightly Deaf.	Markedly Deaf.
Boys,	...	...	4105	3611	469	25
Girls,	...	...	3968	3505	448	15
Total Routine,	...	...	8073	7116	917	40
Percentages,	...	...	...	88.2	11.3	.5
Special Cases,	...	...	...	...	3	12

The percentage of children who are markedly deaf is small, but it must be remembered that such children are greatly handicapped throughout their lives. Many of these cases were due to otorrhoea; a small percentage was due to ear secretion (wax), which only requires to be removed to restore the hearing.

SPEECH.

No. Examined.				Defective Articulation.	Stammering.
Boys,	...	...	4105	21	17
Girls,	...	...	3968	20	4
Total Routine,	...	...	8073	41	21
Percentages,	...	...	...	.5	.26
Special Cases,	...	...	...	2	1

As a rule, boys are more afflicted with defective articulation than girls; here, however, they would seem to be almost equally affected. The number of boy stammerers was fully four times greater than the number of girls. This would seem to indicate that stammering is not wholly due to nervousness, for as a rule boys are less nervous than girls.

MENTAL CONDITION.

No. Examined.				Dull or Backward.	Mentally Defective.
Boys, 5 years, ...	...	...	1870	10	1
" 7 " ...	...	...	394	19	...
" 10 " ...	...	...	388	11	...
" 13 " ...	...	...	1453	111	2
Total Boys, ...	...	...	4105	151	3
Girls, 5 years, ...	...	...	1826	8	...
" 7 " ...	...	...	363	9	..
" 10 " ...	...	...	349	18	1
" 13 " ...	..	...	1430	68	...
Total Girls, ...	..	...	3968	103	1
Total Routine, ...	...	...	8073	254	4
Percentages, ...	...	...	...	3'1	'05
Special Cases, ...	...	...	...	7	9

The figures show that a larger percentage of boys than of girls was found to be mentally dull or backward. This is probably due to the mentality of the girls being of relatively quicker development than in the case of the boys. A comparatively small percentage of children was found mentally defective.

Dr. Prangnell reports that two children were certified by him during the year as mentally defective, one of whom left the district while the parents of the other refused to have their child treated.

HEART AND CIRCULATION.

No. Examined.			Organic Disease.		Functional Disease.	Anaemic.
			Congenital.	Acquired.		
Boys, ...	...	4105	6	65	26	31
Girls, ...	...	3968	2	37	26	14
Total Routine, ...	8073		8	102	52	45
Percentages, ...	...		'09	1'26	'64	'55
Special Cases, ...	...		...	1	1	2

Here the figures are not large, but where there is organic disease of the heart the condition is always to be considered as serious. In such cases the medical inspectors always inform the parents as to the need for care, and ask the parents to bring the children under the family doctor's attention, unless he previously knows of the condition. Functional diseases, e.g., murmurs due to anæmia, mostly yield to remedial measures.

Dr. Gardner rather thinks that some of the boys showing cardiac functional conditions are addicted to the cigarette habit. Thus boys occasionally become such slaves to the cigarette that the most strenuous interference on the part of the teachers fails to cure them. In a certain school the headmaster brought to Dr. Gardner's notice a boy whom he thought the most persistent boy smoker he had ever tackled. This boy had never had any serious illness, still his pulse was very markedly irregular and rapid, showing that even at his tender age he had developed what is termed in medicine "tobacco heart."

LUNGS.

No. Examined,	Bronchial Catarrh.	Chronic Bronchitis	Tuberculosis.	Tuberculosis Suspected.	Other Diseases.
Boys, ... 4105	106	17	1	5	4
Girls, ... 3968	87	8	5	2	1
Total Routine, 8073	193	25	6	7	5
Percentages, ...	2'4	·31	·07	·08	·06
Special Cases, ...	..	1	4	3	...

Bronchial catarrh accounts for much the larger number in the table referring to lung conditions. It is, of course, due to what is termed a cold, and is much more prevalent during cold and damp seasons. The percentage diagnosed as suffering from tuberculosis of the lungs is small. This condition in children as a rule yields readily to treatment if the children are put under good conditions as to food and housing. One case of pulmonary tuberculosis in a child was treated at Falkirk Burgh Dispensary.

NERVOUS SYSTEM.

No. Examined.	Epilepsy.	Chorea.	Infantile Paralysis.	Other Diseases.
Boys, ... 4105	2	1	10	4
Girls, ... 3968	...	1	12	1
Total Routine, 8073	2	2	22	5
Percentage, ...	'02	'02	'27	'06
Special Cases, ...	1	6	2	1

Fortunately, the number of children with epilepsy was found to be small. The percentage of children found with infantile paralysis, due to acute anterior poliomyelitis, which affects more or less the anterior cornua of the spinal cord, although low, still shows an increase on the percentage for last year. This disease occasionally takes on an epidemic form, and for months back it has been raging in the City of New York. On account of its tendency to become epidemic, it has been made notifiable over the greater part of Scotland.

TUBERCULOSIS (NON-PULMONARY).

No. Examined.	Glandular.	Bones and Joints.	Abdominal.	Others.
Boys, ... 4105	6	3	3	1
Girls, ... 3968	13	3	1	...
Total Routine, 8073	19	6	4	1
Percentages, ...	'23	'07	'05	'01
Special Cases, ...	2	2	1	2

One is glad to notice that, out of a total of fully 8000 children, only 19, representing a percentage of 0.23, had glands affected with tuberculosis. Tuberculous affections of the bones and joints, and of the abdomen, are always to be regarded as serious, but, fortunately, the number of such cases is very small. Three cases of non-pulmonary tuberculosis were treated at the Falkirk Burgh Dispensary.

RICKETS

No. Examined.					Slight.	Marked.
Boys,	...	...	...	4105	58	37
Girls,	...	...	...	3968	21	15
Total Routine,	...	...	...	8073	79	52
Percentages,	...	...	...	...	.98	.64
Special Cases,	...	...	...	...	...	...

The results this year again bear out that this disease was found to be very much more prevalent among boys than girls. Why this should be it is difficult to say, but the fact remains that both during last year and the present year it has been fully twice more prevalent among boys than among girls.

DEFORMITIES.

No. Examined.					Congenital.	Acquired (Non-Rhachitic).
Boys,	...	...	...	4105	8	31
Girls,	...	...	...	3968	5	24
Total Routine,	...	...	...	8073	13	55
Percentages,	...	...	...	...	.16	.68
Special Cases,	...	...	...	...	...	2

Deformities are divided into congenital and acquired, the latter excluding all deformities due to rickets. Under congenital deformities it was found that 0.16 per cent. of the children were affected, while under acquired deformities the percentage was 0.48.

INFECTIOUS DISEASES.

No. Examined.				Scarlet Fever.	Whooping-cough.	Mumps.	Chicken-pox.
Boys,	...	4105		1	3	10	6
Girls,	...	3968		1	5	4	4
Total Routine,	...	8073		2	8	14	10
Percentages,	...	...		.02	.09	.17	.1
Special Cases,	...	...		1	...	3	3

In cases where children show suspicious symptoms of illness the teacher generally sends them home, and this usually results in their being brought to the notice of the family doctor. There is no doubt that this carefulness on the part of the teachers very often helps to prevent the spread of infectious disease. Also where infectious disease is prevalent in a district the medical inspectors or myself often visit the schools and make a scrutiny of the scholars for missed cases. During the year the medical inspectors found 2 children in school with symptoms of scarlet fever, 8 suffering from whooping cough, 14 from mumps, and 10 from chickenpox.

OTHER DISEASES OR DEFECTS.

No. Examined.			Hernia.	General Debility.	Enuresis.	Enlarged Thyroid.	Others.
Boys,	...	4105	9	...	6	4	28
Girls,	...	3968	2	1	1	27	14
Total Routine,	...	8073	11	1	7	31	42
Percentages,	...		·13	·01	·08	·38	·52
Special Cases,	...		2	6	...	...	19

It will be noted that the number of boys found with hernia (rupture) was 9, as compared with 2 girls. As formerly pointed out, this disparity is due to developmental causes. The number of boys with enuresis was 6, compared with 1 girl, while the boys with enlarged thyroid gland were only 4, as compared with 27 girls.

Two cases with affections of the thyroid gland received treatment at the Falkirk Burgh Dispensary.

SPECIAL SCHOOLS OR CLASSES.

In the County there are really no special schools or classes for physically or mentally defective children. This matter has been fully dealt with in my Annual Reports for 1913-14 (pages 11 and 12) and 1914-15 (pages 34 and 35).

ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

PROVISION OF SCHOOL BATHS.—This matter was discussed in my last Annual Report at page 35. There, among other things, it was pointed out that it is now generally admitted

that baths form a very valuable adjunct to a school, and when one comes to think of it, it is surprising how few education authorities have acted on the recommendations of their medical officers regarding the provision of baths in school buildings. It is hardly to be gainsaid that the physical, mental, and moral education of school children would be enormously benefited by a thorough training in the use of properly equipped baths. Only in the very latest and most up-to-date workmen's houses are house baths provided, so that the general rule is that either the workman's house has no bath, or if one is provided it is placed in some dark forbidding corner. In such baths hot water is rarely provided, and especially to the young child such places must be viewed with a kind of dread. It seems that if the bath habit is to be properly acquired the problem would require to be dealt with by the various School Boards installing swimming baths at convenient centres.

It is astounding that in an important County like Stirling-shire there are no proper baths.

For some years the School Board of Stirling Burgh made an agreement by which the children from the higher classes in the Burgh of Stirling went at stated times to the baths in Alloa, but for some time past that arrangement has not been in force.

I understand that when the Stirling High School was built baths were planned, but before they were provided the plans were changed, and the part of the building meant for the baths was used for the provision of a gymnasium. Without in any way decrying the benefits of a gymnasium, it seems a great pity that the original plan was not adhered to and a separate gymnasium provided.

Throughout the large towns of England and Scotland where school baths have been provided, experience goes to show that the children quickly take to the water. Children formerly not much inclined to cleanliness soon change their habits and their appearance, and it is noticed that often their intellectual standard benefits as a result of regular bathing.

FEEDING OF SCHOOL CHILDREN.—Throughout the year it was found in the districts where feeding of necessitous children had formerly been in vogue that the economic condition of the working classes had so improved as to render unnecessary the provision of meals by the education authorities.

ARRANGEMENTS FOR MEDICAL TREATMENT.

The arrangements for medical treatment are the same as dealt with in my Report for 1914-15 at pages 37 and 38. There has been no further development.

NOTES BY NURSE GIBSON.

"The work this year has been slightly different from that of previous years, owing to Dr. Findlay's absence on military duties. Dr. Prangnell as usual examined the children of Falkirk Burgh, and Dr. Gardner carried out the medical inspection of the County.

"My work in Falkirk was of the usual character, but throughout the County I, firstly, followed up the medical inspection cases given by Dr. Gardner and then paid many surprise visits to schools to examine for verminous or neglected children. In addition, I assisted in the special work of the Medical Treatment Committee, visiting the homes of the children preparatory to their receiving special treatment for teeth and eyes.

"I have noted in the Table at the end of my Report the exact number of cases visited in the whole County. It is very difficult to give a correct tabular statement of my visits alone. In several cases those of Nurse MacKenzie are tabulated along with mine, because, when an oculist's visit was imminent we might have had thirty children to get ready for him on a few days' notice. In such a case we both worked the same district, beginning at each end of the same street in order to get the mothers properly instructed. In many cases we had to go back next day to make absolutely sure the child was prepared.

"The Western District of the County, including Baldernock, Buchanan, Drymen, Fintry, and Killearn, were for the first time dealt with as regards defective vision by the eye specialist. In all the cases examined in these districts the treatment was carried out with the exception of one, where the parents absolutely refused to procure glasses for their two children, although they were prescribed by the Eye Specialist.

"During the year the number of visits paid to the homes of the children was 3443. Of these, 2951 were made in Dr. Gardner's district and 492 in Dr. Prangnell's. The total number of children reported on was 1755, suffering from 1882 defects. In all, 506 children were dirty and verminous, 407 had defective vision, 561 had diseases of the throat, nose, ears, and mouth. There were also 408 who, because of various defects, required medical treatment.

"The dirty and verminous cases reported by the Medical Inspectors were fewer in number, but the fact that teachers have brought special cases under my notice has increased the total number from last year. On the whole, there is a decided

improvement in the County except in one colliery district, where the children require a great deal of attention. The majority of the cases visited are never quite clean, and only improve after frequent visits, the state of some of the homes leaving much to be desired.

“In the cases of throat, nose, ears, and mouth, and various defects, all parents were recommended to get the advice of their own doctors, which was done in the majority of cases.

“The following is a detail of the cases of the two lists:—

Medical Inspector.	No. of Children reported on.	No. of Visits.	No. of conditions reported.	No. of cases of defective vision.	No. of cases of diseases of throat, nose, ears and mouth.	No. of cases of dirt and vermin.	Various defects and diseases.
Dr. Gardner, ...	1511	2951	1517	316	375	434	392
Dr. Prangnell,	244	492	365	91	186	72	16
Total, ...	1755	3443	1882	407	561	506	408

NOTES BY NURSE MACKENZIE.

“MEDICAL TREATMENT.—As in former years, much of my time has been spent working under the Joint Medical Treatment Committee of Falkirk and Larbert District. 249 visits were paid to children who were reported by the dentists as suffering from defective teeth, and 21 forenoons and 4 whole days were spent working with one or other of the dentists at the Dental Clinic.

“In connection with the Defective Eyesight Scheme, 228 visits were paid in all, 106 in the Stirling and Lennoxton districts and 122 under the Joint Medical Treatment Committee. As Dr. Gilchrist, owing to military duties, was unable to spare time for the Falkirk Clinic this year, Dr. Walker came as his substitute, but he was only able to spare two days

for the work, so, as will be seen from another table in this Report, a large number of the children with defective eyesight are still waiting to be treated. These, however, we hope to undertake this autumn.

“As will be seen from the table regarding dental treatment, 179 children were treated at the Dental Clinic, 752 teeth having been extracted and 41 teeth filled.”

“As in former years, my work has been very pleasant, and my visits well received. In most cases parents are anxious to have defects remedied, although in the case of treatment for eyes and teeth a good deal of persuasion has sometimes to be used before consent is given.”

THOMAS ADAM,

School Medical Officer.

TABLE I.—ANALYSIS OF THE RESULTS OF

BOYS.

CONDITIONS FOUND.	5 AGE GROUP.		7 AGE GROUP.	
	No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.
No. Examined,	1870	...	394	...
*Poorly Nourished,	313	16·6	157	39·7
Verminous Head,	6	·3	...	...
Dirty Body,	22	1·2	2	·5
Carious Teeth, { 1-4,	1192	63·2	193	48·8
{ *5 and over,	372	19·7	145	36·7
*Mouth Breathing	6	·3	4	1·0
*Enlarged Tonsils,	332	17·6	58	14·7
*Adenoids,	12	·6	9	2·3
*Enlarged Glands,	292	15·5	58	14·7
*External Eye Disease,	68	3·6	17	4·3
*Defective Vision, { One Eye,	(Not exam-		11	2·8
{ Both Eyes,	ined.		14	3·5
*Ear Disease,	20	1·0	7	1·8
*Defective Hearing,	3	·16	5	1·3
*Defective Speech,	17	·9	5	1·3
*Mentally Defective,	1	·05	...	...
*Abnormal Condition of Heart,	60	3·2	2	·5
*Abnormal Condition of Lungs,	108	5·7	5	1·3
*Clorea, ... ..	...	...	...	...
*Other Nervous Diseases,	9	·5	1	·3
*Tuberculosis, { Pulmonary, ... ..	...	...	...	...
{ Other Forms,	5	·3	2	·5
*Rickets,	56	3·0	10	2·5
*Deformities,	13	·7	5	1·3
*Skin Diseases,	48	2·5	12	3·0
*Infectious Diseases,	18	·9	1	·3
*Anæmia,	18	·9	1	·3
*All other Diseases or Defects, ..	35	1·8	3	·8
Unvaccinated Children,	827	43·8	155	39·2
Mothers Employed Away,	21	1·1	4	1·0
Children Employed,	1	·05	...	...
Clothing—Not Satisfactory	32	1·7	3	·8
Footgear—Not Satisfactory,	5	·3	3	·8
Parents Present,	284	15·0	25	6·3
Consumption in Family,	8	·4	5	1·3
Already under Medical Attention,	37	1·9	10	2·5
No. of Defective Children (<i>i.e.</i> , with conditions marked thus*),	1140	60·4	298	75·4

ROUTINE MEDICAL INSPECTION 1915-16.

BOYS.

10 AGE GROUP.		13 AGE GROUP.		TOTAL COMBINED AGES.		Ratio per cent. for 1914-15.
No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.	
388	...	1453	...	4105	...	...
123	31.7	320	22.1	913	22.2	8.6
...	...	1	.06	7	.2	.4
2	.5	20	1.4	46	1.1	1.8
231	59.6	989	68.2	2605	63.5	61.2
73	18.8	72	4.9	662	16.1	18.04
1	.3	7	.5	18	.4	.9
48	12.3	174	12.0	612	14.9	14.7
5	1.3	7	.5	33	.8	.8
42	10.8	100	6.9	492	12.0	26.5
13	3.4	32	2.2	130	3.1	3.6
14	3.6	40	2.8	65	2.9	3.4
16	4.1	85	5.9	115	5.1	5.9
9	2.3	19	1.3	55	1.3	1.3
4	1.0	13	.9	25	.6	.7
2	.5	14	1.0	38	.9	1.4
...	...	2	.1	3	.07	.1
1	.3	38	2.6	101	2.4	2.2
1	.3	18	1.2	132	3.2	2.9
...	...	1	.06	1	.02	.03
2	.5	4	.3	16	.39	.30
...	...	1	.06	1	.02	.06
4	1.0	2	.1	13	.3	.33
4	1.0	25	1.6	95	2.3	2.0
5	1.3	16	1.1	39	.95	3.2
3	.8	25	1.6	88	2.1	1.8
1	.3	...	..	20	.48	.12
...	...	7	.5	26	.63	.5
3	.8	6	.4	47	1.14	1.6
24	6.1	103	7.1	1109	27.1	16.2
12	3.1	32	2.2	69	1.68	1.7
8	2.1	162	11.2	171	4.2	3.8
9	2.3	22	1.5	66	1.6	1.9
7	1.8	18	1.2	33	.8	1.29
8	2.1	15	1.0	332	8.1	6.9
6	1.6	19	1.3	38	.9	.82
6	1.6	17	1.2	70	1.7	1.1
230	59.3	682	47.1	2350	57.3	57.3

TABLE II.—ANALYSIS OF THE RESULTS OF

GIRLS.

CONDITIONS FOUND.	5 AGE GROUP.		7 AGE GROUP.	
	No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.
No. Examined,	1826	...	363	...
*Poorly Nourished,	454	24·9	112	30·8
Vermineous Head,	9	·5	2	·6
Dirty Body,	15	·8	3	·8
Carious Teeth { 1-4,	1198	65·9	195	53·6
* 5 and over,	335	18·4	129	35·5
*Mouth Breathing,	6	·3	3	·8
*Enlarged Tonsils,	333	18·3	46	12·7
*Adenoids,	8	·4	4	1·1
*Enlarged Glands,	283	15·6	70	19·3
*External Eye Disease,	72	3·9	11	3·0
*Defective Vision { One Eye,	(Not exam-		6	1·7
Both Eyes,	ined		14	3·9
*Ear Disease,	17	·9	7	1·9
*Defective Hearing,	2	·1	...	...
*Defective Speech,	8	·4	4	1·1
*Mentally Defective, ... ..	...	...	...	...
*Abnormal Condition of Heart,	41	2·3	1	·3
*Abnormal Condition of Lungs,	88	4·8	1	·3
*Chorea, ... ..	...	...	...	...
*Other Nervous Diseases,	6	·3	1	·3
*Tuberculosis { Pulmonary,	1	·06	...	...
Other Forms,	3	·2	4	1·1
*Rickets	23	1·3	5	1·4
*Deformities,	13	·7	2	·6
*Skin Diseases,	53	2·9	5	1·4
*Infectious Diseases,	14	·8	...	...
*Anæmia,	11	·6	...	...
*All other Diseases or Defects,	10	·55	2	·6
Unvaccinated Children,	751	41·3	160	44·0
Mothers Employed Away,	31	1·7	6	1·7
Children Employed,	1	·06	...	...
Clothing—Not Satisfactory,	12	·66	3	·8
Footgear—Not Satisfactory,	1	·06	3	·8
Parents Present,	285	15·7	21	5·8
Consumption in Family,	22	1·1	4	1·1
Already under Medical Attention,	31	1·7	5	1·4
No. of Defective Children (<i>i.e.</i> , with conditions marked thus*),	1118	61·5	249	68·5

ROUTINE MEDICAL INSPECTION, 1915-16.

GIRLS.

10 AGE GROUP.		13 AGE GROUP.		TOTAL COMBINED AGES.		Ratio per cent. for 1914-15.
No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.	No. of Children.	Ratio per cent.	
349	...	1430	...	3968	...	...
125	35·8	274	19·2	965	24·3	11·9
3	·9	9	·6	23	·57	1·1
4	1·2	10	·7	32	·8	2·3
219	62·9	953	66·7	2565	64·6	62·4
68	19·5	105	7·4	637	16·1	17·7
2	·6	...	...	11	·28	·7
52	14·9	222	15·5	653	16·5	16·9
5	1·4	3	·2	20	·5	·8
56	16·1	131	9·1	540	13·6	28·9
13	3·7	50	3·5	146	3·7	4·2
9	2·6	53	3·7	68	3·1	2·6
22	6·3	144	10·1	180	8·4	6·7
2	·6	11	·8	37	·9	1·0
...	...	13	·9	15	·37	·8
4	1·2	8	·56	24	·6	·9
1	·3	...	...	1	·02	·1
6	1·7	20	1·4	68	1·7	2·2
2	·6	7	·5	98	2·5	2·4
...	...	1	·07	1	·02	·04
4	1·2	2	·14	13	·3	·2
...	...	4	·3	5	·12	·04
2	·6	7	·5	16	·4	·5
4	1·2	4	·3	36	·9	·2
1	·3	13	·9	29	·7	1·7
6	1·7	21	1·5	85	2·1	2·1
...	...	...	...	14	·35	·1
...	...	...	...	11	·28	·6
1	·3	32	2·2	45	1·1	1·7
24	6·8	79	5·5	1014	25·5	14·9
6	1·7	23	1·6	66	1·66	1·6
4	1·2	28	1·9	33	·83	·6
4	1·2	14	1·0	33	·83	·9
3	·9	8	·56	15	·37	·75
12	3·4	32	2·2	350	8·8	8·2
6	1·7	22	1·5	54	1·4	1·0
4	1·2	21	1·5	61	1·5	1·4
229	65·7	744	52·1	2340	58·9	59·7

TABLE III.—ANALYSIS OF THE RESULTS OF
ROUTINE MEDICAL INSPECTION, 1915-16.

TOTAL COMBINED AGES AND SEXES.

CONDITIONS FOUND.				No. of Children.	Ratio per cent.	Ratio per cent. for 1914-15
No. Examined, ...	...	...	...	8073	...	...
*Poorly Nourished, ...	...	...	...	1878	23·3	10·2
Verminous Head, ...	...	...	...	30	·37	·7
Dirty Body, ...	...	...	...	78	·96	2·0
Carious Teeth, { 1-4, ...	...	...	...	5170	64·1	61·4
* 5-8, ...	...	...	...	1299	16·1	17·7
*Mouth Breathing, ...	...	...	...	29	·35	·8
*Enlarged Tonsils, ...	...	...	...	1265	15·6	15·6
*Adenoids, ...	...	...	...	53	·6	·8
*Enlarged Glands, ...	...	...	...	1032	12·8	27·5
*External Eye Disease, ...	...	...	...	276	3·4	3·8
*Defective Vision, { One Eye, ...	...	...	...	133	3·0	2·5
Both Eyes, ...	...	...	...	295	6·7	5·5
*Ear Disease, ...	...	...	...	92	1·1	1·2
*Defective Hearing, ...	...	...	...	40	·5	·7
*Defective Speech, ...	...	...	...	62	·77	1·2
*Mentally Defective, ...	...	...	...	4	·05	·1
*Abnormal Condition of Heart, ...	...	...	...	169	2·1	2·2
*Abnormal Condition of Lungs, ...	...	...	...	230	2·8	2·6
*Chorea, ...	...	...	...	2	·02	·04
*Other Nervous Diseases, ...	...	...	...	29	·35	·3
*Tuberculosis, { Pulmonary, ...	...	...	...	6	·07	·05
Other Forms, ...	...	...	...	29	·35	·4
*Rickets, ...	...	...	...	131	1·6	·2
*Deformities, ...	...	...	...	68	·8	2·4
*Skin Diseases, ...	...	...	...	173	2·1	1·9
*Infectious Diseases, ...	...	...	...	34	·4	·1
*Anæmia, ...	...	...	...	37	·45	·5
*All other Diseases or Defects, ...	...	...	...	92	1·1	1·6
Unvaccinated Children, ...	...	...	...	2123	26·3	15·4
Mothers Employed Away, ...	...	...	...	135	1·7	1·6
Children Employed, ...	...	...	...	204	2·5	2·3
Clothing—Not Satisfactory, ...	...	...	...	90	1·2	1·4
Footgear—Not Satisfactory, ...	...	...	...	48	·59	1·0
Parents Present, ...	...	...	...	682	8·4	7·5
Consumption in Family, ...	...	...	...	92	1·1	·9
Already under Medical Attention, ...	...	...	...	131	1·6	1·3
No. of Defective Children (<i>i.e.</i> , with conditions marked thus*), ..	...	...	...	4690	58·1	58·1

TABLE IV.—ANALYSIS OF THE RESULTS OF NON-ROUTINE MEDICAL INSPECTION, 1915-16.

CONDITIONS FOUND.						No. of Children.
No. Examined, ...	...	...	...	...	...	861
No. Entered on Card, ...	...	...	...	...	...	453
* Poorly Nourished, ...	...	...	...	...	...	4
Verminous Head, ...	...	...	...	...	...	16
Dirty or Verminous Body, ...	...	...	...	...	...	43
* Carious Teeth (4 and over), ...	...	...	...	...	...	1
* Mouth Breathing, ...	...	...	...	...	...	4
* Enlarged Tonsils, ...	...	...	...	...	...	21
* Tonsilitis, ...	...	...	...	...	...	1
* Adenoids, ...	...	...	...	...	...	5
* Enlarged Glands, ...	...	...	...	...	...	12
* Other Defects of Nose and Throat, ...	...	...	...	...	...	5
* External Eye Disease, ...	...	...	...	...	...	61
* Defective Vision (One Eye), ...	...	...	...	...	...	31
* Defective Vision (Both Eyes), ...	...	...	...	...	...	124
* Ear Disease, ...	...	...	...	...	...	10
* Defective Hearing, ...	...	...	...	...	...	12
* Defective Speech, ...	...	...	...	...	...	3
* Mentally Defective, ...	...	...	...	...	...	9
* Abnormal Condition of Heart, ...	...	...	...	...	...	2
* Abnormal Condition of Lungs, ...	...	...	...	...	...	4
* Chorea ...	...	...	...	...	...	6
* Other Nervous Diseases, ...	...	...	...	...	...	4
* Tuberculosis (Pulmonary), ...	...	...	...	...	...	4
* Tuberculosis (Other Forms), ...	...	...	...	...	...	7
* Rickets, ...	...	...	...	...	...	...
* Deformities, ...	...	...	...	...	...	2
* Skin Diseases, ...	...	...	...	...	...	78
* Infectious Diseases, ...	...	...	...	...	...	6
* Anæmia, ...	...	...	...	...	...	2
* General Debility, ...	...	...	...	...	...	6
* All other Diseases or Defects, ...	...	...	...	...	...	21
Parents Present, ...	...	...	...	...	...	15
Already under Medical Attention, ...	...	...	...	...	...	33
Clothing—Not Satisfactory, ...	...	...	...	...	...	18
Footgear—Not Satisfactory, ...	...	...	...	...	...	4
Notices Issued :—						
M.T. Forms, ...	...	...	...	...	...	136
Card A ...	...	...	...	...	...	12
„ B, ...	...	...	...	...	...	...
„ G, ...	...	...	...	...	...	12
„ D, ...	...	...	...	...	...	1
„ E, ...	...	...	...	...	...	1
„ F, ...	...	...	...	...	...	...

